

| POSITION            | INITIALS | ID NO.   | DATE     |
|---------------------|----------|----------|----------|
| FEE DETERMINATION   | J        |          | 11/17/01 |
| O.I.P.E. CLASSIFIER |          | C/KW     | 12/21/01 |
| FORMALITY REVIEW    | BZ       | 1535 897 | 12-17-01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... 06-12-02  
 = ..... Allowed I ..... Non-elected 08-22-02  
 - (Through numeral) Canceled A ..... Interference  
 ÷ ..... Restricted 0 ..... Appeal  
 Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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